Form Approved: O.M.B. No. 2-25-0020

DOT Auto Safety Hotline

FOR AGENCY USE ONLY 255

Date Received

[redacted]

Form Approved O.M.B. No. 2127-0039

U.S. Department of Transportation

National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 255

Date Received: 23-MAY-2000

Od_or ____ ____
rt_dt ____ ____
od_rt ____ ____
up_ltr ____ ____

Reference No. 862368

[redacted]

Do you authorize NHTSA to provide a copy of report to the manufacturer of your vehicle? ☐ *YES* ☐ *NO*
In the absence of an authorization, NHTSA WILL NOT provide your name and address to the vehicle manufacturer.

Signature of Owner _____ Date____/____/____

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	NISSAN TRUCK	FRONTIER	1998	

Purchase Date	Dealer's Name / City / State / Zip Code	Engine Size (CID/CC/L) / No Cylinders	
☒ New ☐ Used			☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☒ Yes ☐ No	☐ 3-Point Belt ☐ Driverside Airbag ☐ Passengerside Airbag ☐ Motorbelt ☐ 2-Point Belt	☒ Yes ☐ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☐ Van ☐ Minivan ☐ Other ☐ Sport Utl ☐ Truck ☐ Motorcycle	☐ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Par. Name(s)	Location	Failed Part(s)
12111000 07360000	**INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA** **POWER TRAIN TRANSFER CASE** (4-WHEEL DRIVE)	☐ Left ☐ Right ☐ Front ☐ Rear	☐ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
		☐ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No				☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING AT 55 MPH TRANSFER CASE LOCKED UP, CAUSING THE REAR END TO LOCK UP. VEHICLE SLID OUT OF CONTROL, WENT OFF THE ROAD INTO A DITCH, AND HIT A FENCE. UPON IMPACT, NEITHER AIR BAG DEPLOYED. DEALER HAS BEEN CONTACTED. *AK

CONTINUED ON BACK IF NEEDED

Form Approved: O.M.B. No. 2127-0008

U.S. Department of Transportation
National Highway Traffic Safety Administration

DOT Auto Safety Hotline

Vehicle Owner's Questionnaire (VOQ)

NATIONWIDE 1-888-DASH-2-DOT
1-888-327-4236
www.nhtsa.dot.gov/hotline

FOR AGENCY USE ONLY 255

RECEIVED
00 JUN 19 PM 12: 11
23-MAY-2000
OFFICE OF DEFECTS INVESTIGATION

Odi_or
rt_dt
od_rt
up_ltr

Reference No.
862368

OWNER INFORMATION (Type or Print)

[redacted]

Work Numb [redacted]
Home Numb

Do you authorize NHTSA to provide a copy of report to the owner/lessee of your vehicle? In the absence of a [redacted] address to the vehicle manufacturer. ☑ YES ☐ NO

Signature of Owner [redacted] Date 06/02/00

VEHICLE INFORMATION

Vehicle Ident. No. (VIN.) (Located at bottom of windshield on driver's side)	Vehicle Make	Vehicle Model	Vehicle Year	Current Odometer Reading
	NISSAN TRUCK	FRONTIER	1998	21,000

Purchase Date
☒ New ☐ Used

Dealer's Name Doan Nissan
City Rochester State NY Zip Code

Engine Size (CID/CC/L)
No Cylinders 4
☐ Turbo ☐ Diesel ☐ Gas ☒ Fuel Injection

Transmission Type	Antilock Brakes	Restraint System	Cruise Control	Drive Train	Vehicle Type	Body Style
☐ Manual ☒ Automatic	☒ Yes ☐ No	☑ 3-Point Belt ☐ Motorbelt ☑ Driverside Airbag ☐ 2-Point Belt ☑ Passengerside Airbag	☒ Yes ☑ No	☐ Front ☐ Rear ☒ 4-Wheel	☐ Car ☐ Sport Ut ☐ Van ☑ Truck ☐ Minivan ☐ Motorcycle ☐ Other	☑ 2-Door ☐ 4-Door ☐ Stationwagon ☐ Pick Up Truck ☒ Other

FAILED COMPONENT(S)/PART(S) INFORMATION

Component	Part Name(s)	Location	Failed Part(s)
12111000 07360000	INTERIOR SYSTEMS:PASSENGER RESTRAINTS:AIR BAG:FRONTA POWER TRAIN TRANSFER CASE (4-WHEEL DRIVE)	☐ Left ☐ Right ☐ Front ☑ Rear	☑ Original ☐ Replacement

No of Failures	Date(s) of Failure(s) / Mileage at Failure(s) / Vehicle Speed at Failure(s)	Failed Part(s) Available?	NHTSA Previously Contacted?
	Vehicle Speed at Failure(s) 55 miles per hour	☒ Yes ☐ No	☐ Yes ☐ No

APPLICATION INCIDENT INFORMATION

(Please describe in detail the incident(s), Failure(s), Crash(es), and injury(ies) on the back of this form)

Crash	Fire	Number of Persons Injured	Number of Fatalities	Estimated Property Damage	Reported to Police
☒ Yes ☐ No	☐ Yes ☒ No	0	0	50.00	☐ Yes ☒ No

NARRATIVE DESCRIPTION OF FAILURE(S), INCIDENT(S), INJURY(IES)

WHILE DRIVING AT 55 MPH TRANSFER CASE LOCKED UP, CAUSING THE REAR END TO LOCK UP. VEHICLE SLID OUT OF CONTROL, WENT OFF THE ROAD INTO A DITCH, AND HIT A FENCE. UPON IMPACT, NEITHER AIR BAG DEPLOYED. DEALER HAS BEEN CONTACTED. *AK

CONTINUE ON BACK IF NEEDED

901215 21891

INVOICE

PAGE 1

[redacted]

DOAN
LINCOLN MERCURY NISSAN

1977 RIDGE ROAD WEST
ROCHESTER, NEW YORK 14615
716-227-3800

SERVICE ADVISOR: 156 JAMES M ZICARI

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
BLACK	98	NISSAN FRONTIER	1N6DD21Y1WC371341	[redacted]	20431/20450	T3529

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
15SEP1999	27APR98	15SEP2002	12:00 12MAY00		59.00	CASH	12MAY2000

R.O. OPENED	READY	OPTIONS: STK:806593 DLR:102866 ENG:2.4L_EFI TRN:5SP 2)MOD#=3375 5)PS=Y
07:15 24APR00	13:09 12MAY00	

LINE OPCODE	TECH	TYPE	HOURS	LIST	NET	TOTAL

A RUMBLING UNDER VEHICLE WHILE DRIVING,
CAUSE: TRANSFER CASE IS JAMMED, WILL NOT SHIFT INTO GEARS PROPERLY
KB01AA R&I TRANSFER ASS'Y
126 LANGSTON DENNIS LIC#: 126
WN (N/C)
1 33100-3S500 TRANSFER A (N/C)
6 LOCALMTOIL (N/C)
KB021A COMBINATION: RPL TRANSFER ASS'Y
126 LANGSTON DENNIS LIC#: 126
WN (N/C)
FC: BA23
PART#: 331003S500
COUNT:
CLAIM TYPE: PP
AUTH CODE:

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE A: 0.00

20450 20454 RPL TRANSFUR CASE REFILL TRANS RESET RIDE HEIGHT
****

B REAR WHEELS LOCKED UP, CAUSED VEHICLE TO GO SIDEWAYS, CRASHED INTO A FENCE. SEE COPIES OF POLICE REPORT. ATTEN NISSAN USA.
CAUSE: REAR RIGHT ABS SENSOR FAIL CODE
PN14AA RPL ONE REAR ABS SENSOR ASS'Y
126 LANGSTON DENNIS LIC#: 126
WN (N/C)
1 47900-3S520 SENSOR ASM (N/C)
FC: HC62
PART#: 479003S520
COUNT:
CLAIM TYPE: PP
AUTH CODE:

PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE B: 0.00

- FREE SHUTTLE SERVICE AVAILABLE
- FREE COFFEE, T.V. AND CHILDRENS PLAY AREA
- WARRANTY ON SERVICE AND PARTS 12 MONTHS OR 12,000 MILES

SERVICE HOURS: MON - FRI 7:30 am to 5:30pm
THURS 7:30am to 8:00pm

DESCRIPTION	TOTALS
LABOR AMOUNT	
PARTS AMOUNT	
GAS, OIL, LUBE	
SUBLET AMOUNT	
MISC. CHARGES	
TOTAL CHARGES	
LESS INSURANCE	
SALES TAX	
PLEASE PAY THIS AMOUNT	

SERVICE INVOICE # 20450

901215 21891

INVOICE

PAGE 2

[redacted]

DOAN
LINCOLN MERCURY NISSAN

1877 RIDGE ROAD WEST
ROCHESTER, NEW YORK 14615
716-227-3800

SERVICE ADVISOR: 156 JAMES M ZICARI

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
BLACK	98	NISSAN FRONTIER	1N6DD21Y1WC371341	[redacted]	20431/20450	T3529

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
15SEP1999	27APR98	15SEP2002	12:00 12MAY00		59.00	CASH	12MAY2000

R.O. OPENED	READY	OPTIONS: STK:806593 DLR:102866 ENG:2.4L_EFI TRN:5SP 2)MOD#=3375 5)PS=Y
07:15 24APR00	13:09 12MAY00	

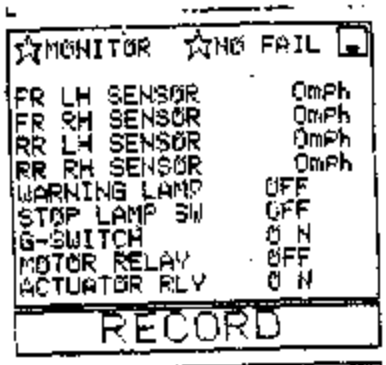
LINE OPCODE TECH TYPE HOURS	LIST	NET	TOTAL
20450 DTC R/R WHEEL SPEED SENSOR RPL REAR WHEEL SPEED SENSORS RETEST OK			
**********			
C VEHICLE SURGED BRFORE IT WENT INTO SPIN, HAS ABS. DAMAGE TO LEFT FRONT FENDER, FRONT BUMPER, FR SPOILER, LEFT FR MARKER LAMP, RIGHT FR MUD FLAP, LEFT FRONT TIRE HAS GRASS IN RIM			
MISC MISCELLANEOUS REPAIR plus cleaner			
126 LANGSTON DENNIS LIC#: 126			
CN		0.00	0.00
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE C:			0.00
**********			
D** ENTERPRISE RENTAL			
MISC MISCELLANEOUS REPAIR plus cleaner			
15 CN		0.00	0.00
PARTS: 0.00 LABOR: 0.00 OTHER: 0.00 TOTAL LINE D:			0.00
STATE FARM CASE 522378968, TEAM C, 18009219258 X3031			
**********			

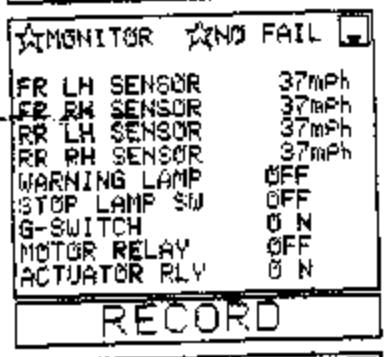
- FREE SHUTTLE SERVICE AVAILABLE
- FREE COFFEE, T.V. AND CHILDRENS PLAY AREA
- WARRANTY ON SERVICE AND PARTS 12 MONTHS OR 12,000 MILES

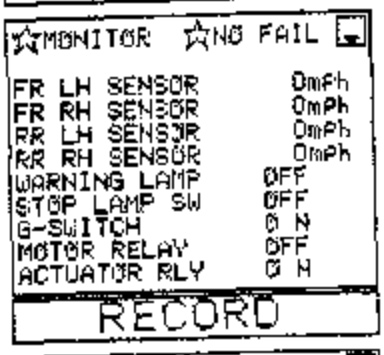
SERVICE HOURS: MON - FRI 7:30 am to 5:30pm

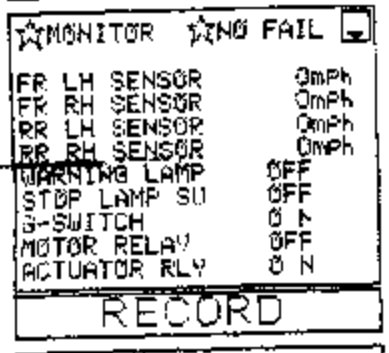
THURS 7:30am to 8:00pm

DESCRIPTION	TOTALS
LABOR AMOUNT	0.00
PARTS AMOUNT	0.00
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	0.00
MISC. CHARGES	0.00
TOTAL CHARGES	0.00
LESS INSURANCE	0.00
SALES TAX	0.00
PLEASE PAY THIS AMOUNT	0.00







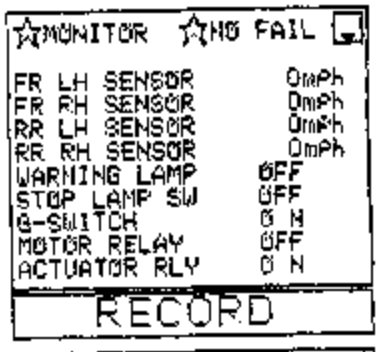


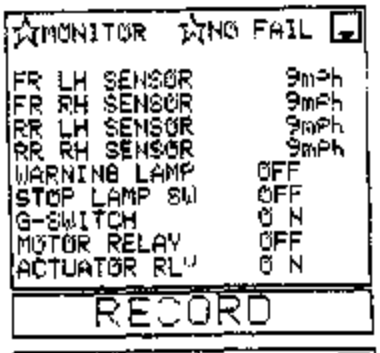
SYST:ABS
DATE:05:12 '00
P/# :47850-38520

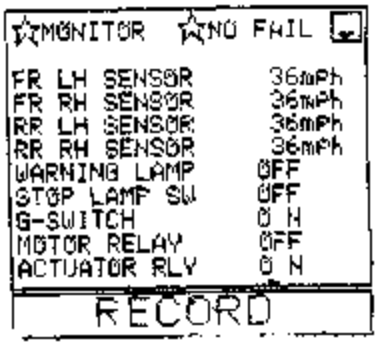
■ SELF-DIAG RESULTS ■
FAILURE DETECTED TIME

* NO SELF DIAGNOSTIC
FAILURE INDICATED.

FURTHER TESTING
MAY BE REQUIRED. **

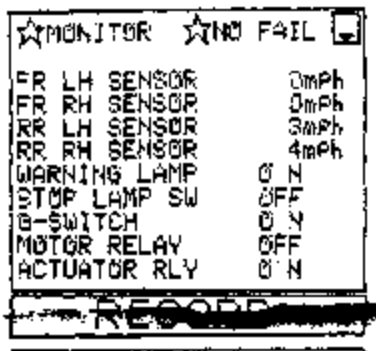


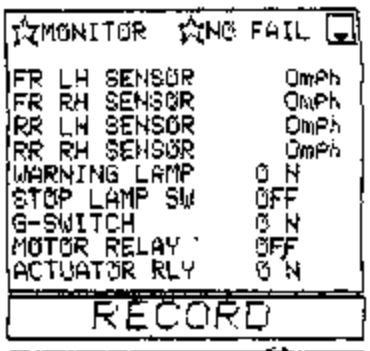


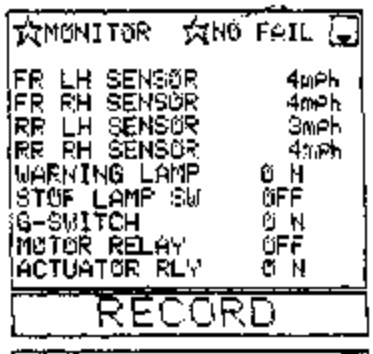


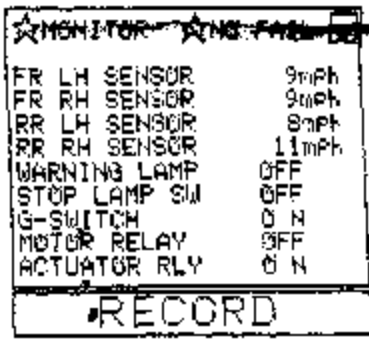
SYST:ABS
DATE:04:24 '00
P/# :47850-38520

■ SELF-DIAG RESULTS ■
FAILURE DETECTED TIME
(RR) RH SENSOR 6
[SHORT]









SYST:ABS
DATE:04:24 '00
P/# :47850-38520

■ SELF-DIAG RESULTS ■
FAILURE DETECTED TIME
RR RH SENSOR 7
[SHORT]

INSUREDS (OR DRIVERS) SUPPLEMENTARY REPORT

Claim Number [redacted] Residence Phone No. [redacted]

Insured [redacted] Business Phone No. [redacted]

Address [redacted]

Date of Accident 4/21/00 Time 2:30 ☐ AM ☑ PM Place Route 31 near Longbridge R

Owner of other [redacted]

In what direction were you going? ☐ North ☐ East ☐ South ☑ West Street or Highway Number Route 31

In what direction was other car going? ☐ North ☐ East ☐ South ☐ West Street or Highway Number —

How far was your car from other car when you first saw it? —

In what portion of the street or highway were you traveling? right hand lane Other car —

What was your approximate speed at time of impact? not sure MPH Did you ☑ reduce or ☐ increase speed? ☐ No change

What was other car's approximate speed at time of impact? — MPH Did other car ☐ reduce or ☐ increase speed? ☐ No change

What signal (if any) did you give? ☑ None ☐ — Other car ☐ None ☐ —

How far from intersection were you? 1/2 mile Ft. Other car — Ft. If intersection accident, which car entered first? ☐ My car ☐ Other car

Were there any lights or signs controlling traffic? ☐ Yes - Kind — ☑ No

Were you violating any traffic regulations? ☐ Yes - What? — ☑ No

Was other car violating any traffic regulations? ☐ Yes - What? — ☐ No

How far did your car travel after accident? right back wheel Ft. Other car 20 Ft.

Location of skid marks made by your car right hand lane Length of skid marks 10 Ft.

Location of skid marks made by other car — Length of skid marks — Ft.

If lights were needed, were yours on? ☑ Yes ☐ No Were other car's lights on? ☐ Yes ☐ No
were not needed out were on

What were the weather conditions? had been raining Condition of street or highway dry
out stopped

What part of your car was damaged? front end side fenders Other car —

State in your own words how the accident happened. truck started to shake and rear of truck started to slide to left hand lane went into ditch and hit fence coming to a stop

If any statements were made by you or other party after accident, quote conversation on Reverse Side.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, and any person who knowingly makes or knowingly assists, abets, solicits or conspires with another to make a false report of the theft, destruction, damage or conversion of any motor vehicle to a law enforcement agency, the Department of Motor Vehicles or an insurance company, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the value of the subject motor vehicle or stated claim for each violation.

Date 4-26-00 Sign [redacted]

Witness [redacted] Sign [redacted]

Quote conversation:

Were police at scene of accident? ☑ Yes ☐ No Name of investigating police department Orleans Sheriff Report number 3600

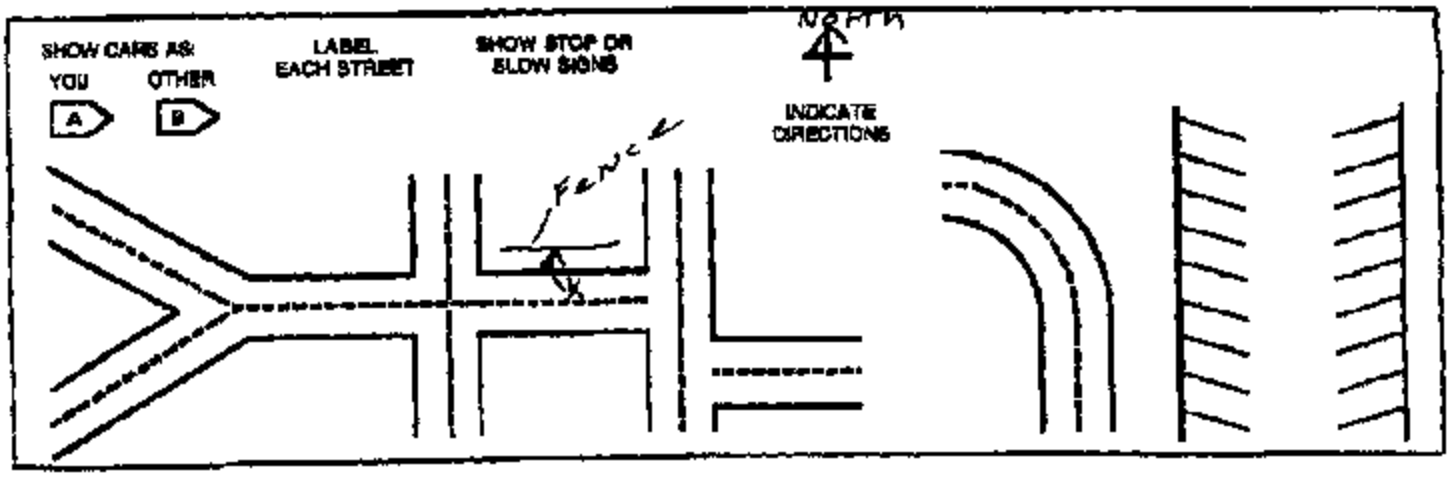
Information about insurance on other vehicle(s) (name, address, policy number, adjuster's name, etc.)

Give names of all persons who witnessed or can furnish information regarding this accident:

Name	Address	Phone Number
		( )
		( )
		( )
		( )
		( )

ACCIDENT DIAGRAM

Complete diagram, showing position of cars before and after collision and indicating skid marks. Show location of stops signs or lights controlling traffic, if any. Be sure to show directions of streets or roads and directions vehicles were traveling. Use the part of the diagram most like the place where the accident occurred.



72422

37799

INVOICE

PAGE 1

DOAN
BUICK

3600 RIDGE ROAD WEST · ROCHESTER, NEW YORK 14626
PHONE 227-1900
NYS REGISTERED REPAIR SHOP R-4050291 WWW.DOANGROUP.COM

[redacted]

SERVICE ADVISOR: 309 AL RITZLER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
BLACK	98	NISSAN PICKUP	1N6DD21Y1WC371341	[redacted]	20437/20437	T3529

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN1998			17:30 31MAY00		60.00	CASH	22MAY2000

R.O. OPENED	READY	OPTIONS:
07:57 03MAY00	15:11 22MAY00	DLR:036650 ENG:2.4_Liter_Gas

LINE	OPCODE	TECH	TYPE	HOURS		LIST	NET	TOTAL
A	REPAIR DAMAGES, STATE FARM CLAIM#52-2378-96801							
	83		REPAIR BODY DAMAGE AS REQUIRED					
		397	IZZO,DERRICK LIC#: 397					
			CB36				298.80	298.80
	1	62012-3S525	FASCIA K			250.05	186.25	186.25
	1	62014-3S500	BUMPER-F			460.67	337.52	337.52
	1	62651-3S530	APRON-FR			41.26	30.73	30.73
	1	63113-3S535	FENDER-F			179.59	133.78	133.78
	1	63817-3S510	OVER FEN			64.33	47.92	47.92
	2	63818-3S510	RUBBER A			10.42	3.88	7.76
	1	63816-3S510	OVER FEN			47.92	47.92	47.92
	1	63112-3S535	FENDER-F			179.59	133.78	133.78
	1	62214-3S500	BRKT			12.79	12.79	12.79
	1	62215-3S500	BRKT			12.79	12.79	12.79
	5	62318-2S400	CLIP			1.63	1.63	8.15
	2	76882-0M060	CLIP			2.23	2.23	4.46
	2	01553-03831	CLIP			0.63	0.63	1.26
	1	63812-3S510	FENDER-O			40.28	30.00	30.00
	1	63813-3S510	FENDER-O			40.28	30.00	30.00
	2	63818-3S520	RUBBER A			18.69	6.96	13.92
	5	01553-02903	CLIP			0.91	0.68	3.40
	1	F3850-3F510	MUDGUARD			10.00	10.00	10.00

PARTS: 1052.43 LABOR: 298.80 OTHER: 0.00 TOTAL LINE A: 1351.23

SUPPLEMENT DUE STATE FARM $1501.62, CLAIM# 52-2378-96801, REPALCE FRONT BUMPER COVER, BAR, APRON PANEL, BUG SHIELD, LT FENDER, RT FENDER, LT WHEEL FLARE, RT WHEEL FLARE, RT SPLASH GUARD, R&I ORNAMENTATION AS NEEDED, REFINISH AS NEEDED, FRONT WHEEL ALIGNMENT.

****

LINE	OPCODE	TECH	TYPE	HOURS		LIST	NET	TOTAL
B	REFINISH REPAIRS AS REQUIRED							
	83P		REFINISH REPAIRS AS REQUIRED					
		75	PAINT TEAM LIC#: 75					
			CB36				262.80	262.80

PARTS: 0.00 LABOR: 262.80 OTHER: 0.00 TOTAL LINE B: 262.80

- FREE SHUTTLE SERVICE AVAILABLE
- FREE COFFEE, T.V. AND CHILDRENS PLAY AREA
- WARRANTY ON SERVICE AND PARTS 12 MONTHS OR 12,000 MILES

SERVICE HOURS: MON - FRI 7:30am to 5:30pm

TUES 7:30am to 8:00pm

DESCRIPTION	TOTALS
LABOR AMOUNT	
PARTS AMOUNT	
GAS, OIL, LUBE	
SUBLET AMOUNT	
MISC. CHARGES	
TOTAL CHARGES	
LESS INSURANCE	
SALES TAX	
PLEASE PAY THIS AMOUNT	

SERVICE INVOICE 97 3/95

CUSTOMER COPY

72422

37799

INVOICE

PAGE 2

[redacted]

DOAN BUICK

3800 RIDGE ROAD WEST ROCHESTER, NEW YORK 14626
PHONE 227-1900
NYS REGISTERED REPAIR SHOP R-4080291 WWW.DOANGROUP.COM

SERVICE ADVISOR: 309 AL RITZLER

COLOR	YEAR	MAKE/MODEL	VIN	LICENSE	MILEAGE IN / OUT	TAG
BLACK	98	NISSAN PICKUP	1N6DD21Y1WC371341	[redacted]	20437/20437	T3529

DEL. DATE	PROD. DATE	WARR. EXP.	PROMISED	PO NO.	RATE	PAYMENT	INV. DATE
01JAN1998			17:30 31MAY00		60.00	CASH	22MAY2000

R.O. OPENED	READY	OPTIONS:
07:57 03MAY00	15:11 22MAY00	DLR:C36650 ENG:2.4_Liter_Gas

LINE OPCODE TECH TYPE HOURS			LIST	NET	TOTAL
C** COUPON ALIGNMENT SPECIAL plus penetrating oil					
ALIGN COUPON ALIGNMENT SPECIAL plus penetrating oil					
230 CHRIS CIPOLLONE LIC#: 230					
	C			49.95	49.95
PARTS: 0.00	LABOR: 49.95	OTHER: 0.00	TOTAL LINE C:		49.95
**********					
MISC PAINT & MATERIALS					
	CB36			118.54	118.54
SUBL TIM'S TRIM					
PO#34344					
	CB36			66.88	66.88

- FREE SHUTTLE SERVICE AVAILABLE
- FREE COFFEE, T.V. AND CHILDRENS PLAY AREA
- WARRANTY ON SERVICE AND PARTS 12 MONTHS OR 12,000 MILES

SERVICE HOURS: MON - FRI 7:30am to 5:30pm

TUES 7:30am to 8:00pm

DESCRIPTION	TOTALS
LABOR AMOUNT	61.55
PARTS AMOUNT	1052.43
GAS, OIL, LUBE	0.00
SUBLET AMOUNT	66.88
MISC. CHARGES	122.49
TOTAL CHARGES	1853.35
LESS INSURANCE	0.00
SALES TAX	148.27
PLEASE PAY THIS AMOUNT	2001.62

SERVICE REVISED 02 18/00

CUSTOMER COPY

No. 3961

JD Automotive

Engine-Transmission Rebuild Specialist
16888½ Ridge Road West
Holley, New York 14470
Ph. (716) 638-6078 Pager 647-0467

[redacted]

Make	Model	Year
Nis		1998

VIN	Color	Mileage

Towing from: Rt 31 west of Albion	85.00
to: Dan Hesson 37 miles @ $2.00	74.00
Winching - off fence	25.00
Storage _____ days ($10.00 per day)	
Subtotal	184.00
Tax	14.72
Total	198.72

Called by:
☐ Owner ☐ Sheriff ☐ State Police

Remarks:

Not responsible for damages from towing or winching of car, also for loss or damage to cars or articles left in cars in case of fire, theft or any other causes beyond our control. Thank you!

Customer Signature [redacted]

State Farm Insurance Companies

100 Meridian Centre Blvd.
Suite 200
Rochester, NY 14618
(716) 241-7600

June 1, 2000

Nissan Motor Corporation, USA
Attention: Consumer Affairs
PO Box 191
Gardena, CA 90248-0191

RE: Our Claim Number: [redacted]
Our Insured:
Date of Loss: 4/21/00
Make: 1998 Nissan Frontier 4x4 XE
VIN: 1N6DD21Y1WC371341

Dear Sir/Madam:

This State Farm insured's 1998 Nissan Frontier 4x4 XE was involved in a collision loss on April 21, 2000. We settled the claim with our insured in the amount of $2,100.34. This figure does not reflect the insured's $500.00 policy deductible or the $50.00 paid to a third party whose property was damaged.

Our investigation revealed that the cause of this loss was due to the rear wheels locking which resulted in the truck not being able to be steered, going into a ditch, and hitting a fence.
Enclosed is documentation of State Farm's claim. The Transfer case and assembly was covered under warranty by Nissan.

Please consider this letter as our demand to Nissan for reimbursement of $2,100.34 plus $50.00 paid in property damage and the insured's $500.00 deductible.

If you have any questions or concerns, please feel free to contact me at (716) 241-7649.

Sincerely,

Stephanie Taylor-Murphy
Claim Representative
State Farm Mutual Automobile Insurance Company

STM/051/0601017

Enclosure

New York State Department of Motor Vehicles

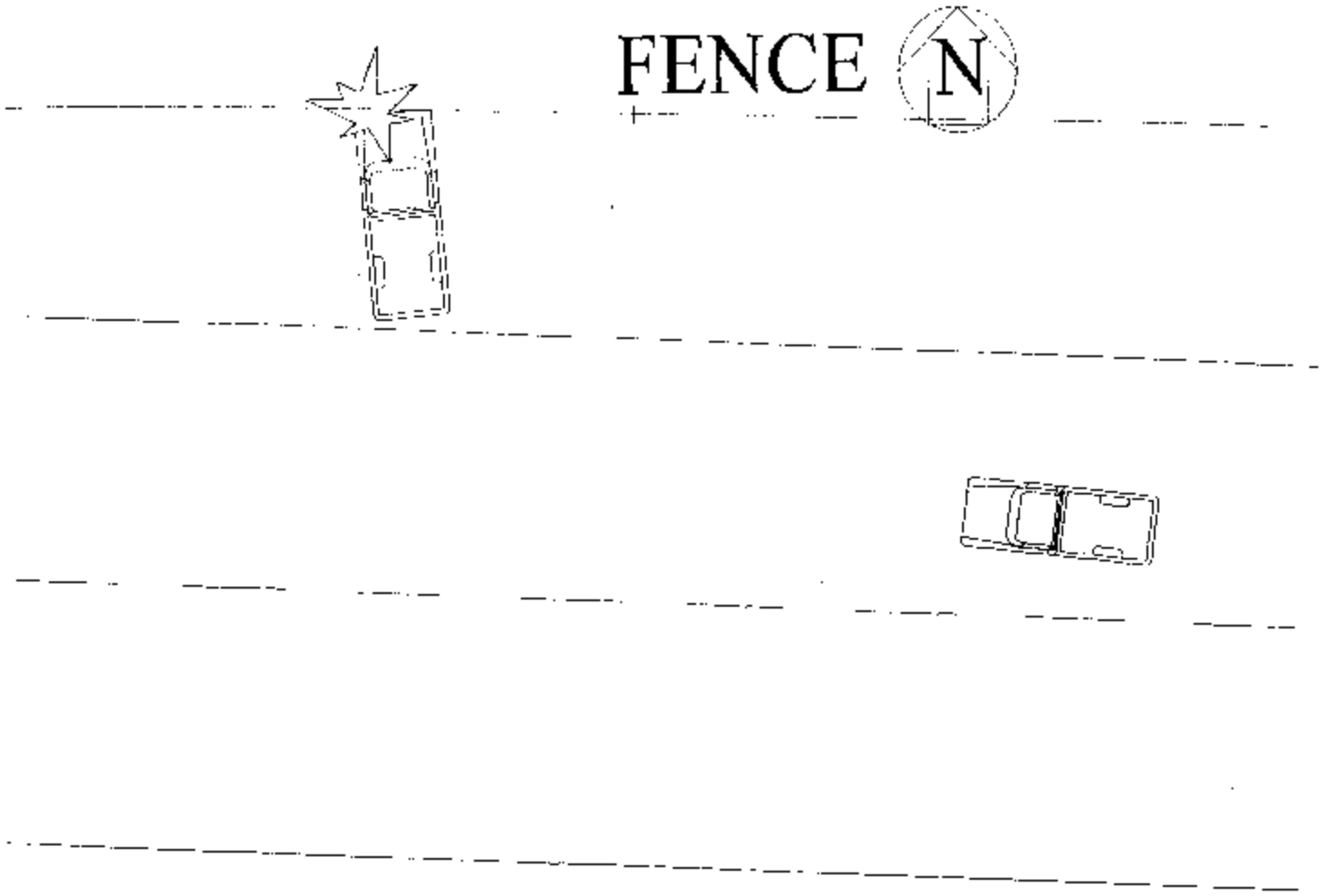
POLICE ACCIDENT REPORT

MV 104A(7/96)

DMV USE

Accident Date	Day of Week	Time	No. of Vehicles	No Injured	No Killed	Non Highway	Not Investigated at Scene	Left Scene	Police Photos
4/21/2000	FR	14:42	1	0	0	[ ]	[ ]	[ ]	[X] Yes [ ] No

Accident Diagram (Box 9 - Enhanced)



SIGN HERE	Officer's Rank and Name	Badge No.	Department	Precinct/Post Troop/Zone	Station/Beat/ Section	Reviewing Officer	Date/Time Reviewed
	DEPUTY SHERIFF URB BENNETT	142	03600	SHERIF	WEST		4-23-00 0730